

UC - Ulcerative Colitis

UC-C COMPLICATIONS

OUTCOME: The patient/family will understand the signs of complications of ulcerative colitis and will plan to return for medical care if they occur.

STANDARDS:

1. Explain that intestinal complications of ulcerative colitis include toxic megacolon and colon cancer. People who have ulcerative colitis for a long time are at an increased risk for developing colon cancer.
2. Explain that the disease can also cause non-intestinal problems in other parts of the body. Some people experience arthritis, eye problems, liver problems, osteoporosis, skin rashes, and anemia.
3. Explain that some other possible complications of ulcerative colitis are colon perforation, hemorrhage, abdominal distention, abscess formation, stricture, anal fistula, malnutrition, electrolyte imbalance, skin ulceration, ankylosing spondylitis.
4. Explain that complications may be delayed, minimized or prevented with prompt treatment of exacerbation.
5. Discuss the symptoms of exacerbation that trigger the need to seek medical attention, e.g., unusual abdominal pain, blood in stools, fever, weight loss, change in frequency of stools, joint pain.

UC-CM CASE MANAGEMENT

OUTCOME: The patient/family/caregiver will understand the importance of integrated case management in achieving physical and behavioral health.

STANDARDS:

1. Discuss roles and responsibilities of each member of the care team including the patient, family/caregiver, and providers in the case management plan.
2. Explain the coordination and integration of resources and services in developing and implementing the case management plan.
3. Explain the need to obtain the appropriate releases of information necessary to support integrated case management and to maintain patient privacy and confidentiality. **Refer to AF-CON.**

UC-CUL CULTURAL/SPIRITUAL ASPECTS OF HEALTH

OUTCOME: The patient/family will understand the impact and influences cultural and spiritual traditions, practices, and beliefs have on health and wellness.

STANDARDS:

1. Explain that the outcome of disease processes may be influenced by choices related to health and lifestyles, e.g., diet, exercise, sleep, stress management, hygiene, full participation in the medical plan. (Stoic Fatalism)
2. Discuss the potential role of cultural/spiritual traditions, practices and beliefs in achieving and maintaining health and wellness.
3. Explain that traditional medicines/treatments should be reviewed with the healthcare provider to determine if there are interactions with prescribed treatment.
4. Explain that the medical treatment plan must be followed as prescribed to be effective and that some medications/treatments take time to demonstrate effectiveness.
5. Discuss that traditions, such as sweat lodges, may affect some conditions in detrimental ways. Healing customs or using a traditional healer may have a positive effect on the patient's condition.
6. Refer to clergy services, traditional healers, or other culturally appropriate resources.

UC-DP DISEASE PROCESS

OUTCOME: The patient/family will have a basic understanding of the pathophysiology and symptoms of the patient's specific bowel disease.

STANDARDS:

1. Explain that ulcerative colitis is a chronic disease that affects the colon or large intestine. The innermost lining, called the mucosa, becomes inflamed and develops tiny open sores that bleed and produce pus and mucus.
2. Explain that the exact cause of ulcerative colitis is unknown, but may be related to infection, stress, allergy, autoimmunity, and familial predisposition.
3. Explain that this disease usually develops during young-adulthood to middle life.
4. Explain that the severity of symptoms usually depends on where the inflammation and ulcerations are in the colon. Common symptoms include diarrhea, bloody diarrhea, and abdominal cramping which may be severe. May also experience fatigue, weight loss, anorexia, nausea, vomiting, loss of body fluids and nutrients, and abdominal pain.
5. Explain that ulcerative colitis is characterized by remissions and exacerbations.

6. Explain that careful medical management may eliminate/postpone the need for surgical intervention.

UC-FU FOLLOW-UP

OUTCOME: The patient/family will understand the importance of follow-up in the treatment of ulcerative colitis.

STANDARDS:

1. Discuss the importance of follow-up care.
2. Discuss the procedure for obtaining follow-up appointments and that follow-up appointments should be kept.
3. Emphasize that full participation in the treatment plan is the responsibility of the patient/family.
4. Discuss the symptoms of exacerbation that trigger the need to seek medical attention, e.g., unusual abdominal pain, blood in stools, fever, weight loss, change in frequency of stools, joint pain.
5. Discuss the availability of community resources and support services and refer as appropriate.

UC-L LITERATURE

OUTCOME: The patient/family will receive literature about ulcerative colitis.

STANDARDS:

1. Provide the patient/family with literature on ulcerative colitis.
2. Discuss the content of the literature.

UC-M MEDICATIONS

OUTCOME: The patient/family will understand the purpose, proper use, and expected outcomes of prescribed drug therapy.

STANDARDS:

1. Describe the name, strength, purpose, dosing directions, and storage of the medication.
2. Discuss the risks, benefits, and common or important side effects of the medication and follow up as appropriate.
3. Discuss any significant drug/drug, drug/food, and alcohol interactions, as appropriate.
4. Discuss the importance of keeping a list of all current prescriptions and over-the-counter medicines, vitamins, herbs, traditional remedies, and supplements.

Encourage the patient to bring this list and pill bottles to appointments for medication reconciliation.

UC-MNT MEDICAL NUTRITION THERAPY

OUTCOME: The patient and family will understand the specific nutritional intervention(s) needed for treatment or management of this condition, illness, or injury.

STANDARDS:

1. Explain that Medical Nutrition Therapy (MNT) is a systematic nutrition care process provided by a Registered Dietitian (RD) that consists of the following:
 - a. Assessment of the nutrition related condition.
 - b. Identification of the patient's nutritional problem.
 - c. Identification of a specific nutrition intervention therapy plan.
 - d. Evaluation of the patient's nutritional care outcomes.
 - e. Reassessment as needed.
2. Review the basic nutrition recommendations for the treatment plan.
3. Discuss the benefits of nutrition and exercise to health and well-being.
4. Assist the patient/family in developing an appropriate nutrition care plan.
5. Refer to other providers or community resources as needed.

UC-N NUTRITION

OUTCOME: The patient/family will understand how dietary modification may assist in the control of bowel function and will develop an appropriate plan for dietary modification.

STANDARDS:

1. Assess current nutritional habits.
2. Advise the patient to avoid dairy products if the patient is lactose intolerant.
3. Encourage the patient/family to maintain a well-balanced, low-residue, high-protein diet.
4. Assist the patient/family to identify foods which cause irritation and encourage them to eliminate or minimize these in the diet. Explain that bland, soft foods may cause less discomfort than spicy or high fiber foods when the disease is active.
5. Explain the need to consume ample fluids because chronic diarrhea can lead to dehydration. Advise the patient to avoid cold or carbonated foods or drinks that increase intestinal motility.
6. Assist the patient/family in developing appropriate meal plans. Encourage having frequent, small meals and chewing food thoroughly.

7. Emphasize that proper nutrition is especially important because nutrients can be lost through dehydration. Explain that supplementation with vitamins and minerals may be necessary.
8. Refer to dietitian as appropriate.

UC-PM PAIN MANAGEMENT

OUTCOME: The patient/family will understand the plan for pain management.

STANDARDS:

1. Discuss the plan for sedatives and tranquilizers to provide, not only for rest, but to decrease peristalsis and subsequent cramping.
2. Instruct the patient in careful cleansing and protection of the perianal skin to provide comfort and prevent painful excoriation.
3. Explain that short term use of narcotics may be helpful in acute pain management.
4. Advise the patient not to use over the counter pain medications without checking with the patient's provider.

UC-SM STRESS MANAGEMENT

OUTCOME: The patient will understand the role of stress management in ulcerative colitis.

STANDARDS:

1. Explain that uncontrolled stress is linked with increased exacerbations of ulcerative colitis.
2. Explain that uncontrolled stress can interfere with the treatment of ulcerative colitis.
3. Explain that effective stress management may reduce the number of relapses, as well as help improve the patient's health and well-being.
4. Discuss that stress may exacerbate adverse health behaviors such as increased tobacco, alcohol or other substance use, all of which can increase the risk of morbidity and mortality from ulcerative colitis.
5. Explain that stress may cause inappropriate eating which will exacerbate the symptoms of ulcerative colitis. **Refer to UC-N.**
6. Discuss various stress management strategies which may help maintain a healthy lifestyle. Examples may include:
 - a. Becoming aware of your own reactions to stress
 - b. Recognizing and accepting your limits
 - c. Talking with people you trust about your worries or problems

- d. Setting realistic goals
 - e. Getting enough sleep
 - f. Maintaining a healthy diet
 - g. Exercising regularly
 - h. Taking vacations
 - i. Practicing meditation, self-hypnosis, and positive imagery
 - j. Practicing physical relaxation methods such as deep breathing or progressive muscular relaxation
 - k. Participating in spiritual or cultural activities
7. Provide referrals as appropriate.

UC-TE TESTS

OUTCOME: The patient/family will understand the tests to be performed.

STANDARDS:

1. Proctosigmoidoscopy and Colonoscopy
 - a. Explain that proctosigmoidoscopy and colonoscopy may be utilized to directly visualize the inside of the colon and enable biopsies to be obtained. The information from the colonoscopy may be necessary to diagnose the specific type of bowel disease.
 - b. Explain that the procedure involves introducing a long, flexible, lighted tube into the anus to see the inside of the colon and rectum.
 - c. Explain that the preparation for the test is usually a liquid diet, cathartics, and enemas.
2. Upper gastrointestinal barium studies
 - a. Explain that the upper GI barium study is an x-ray to assess the degree and extent of the disease.
 - b. Explain that barium liquid will be swallowed and radiographs taken.
3. Barium Enema
 - a. Explain that the barium enema is an x-ray to assess the extent of the disease, identify lesions, detect pseudo polyps, carcinoma, and strictures.
 - b. Explain that barium liquid will be introduced by enema and radiographs taken.
 - c. Explain that the preparation for the test is usually a liquid diet, cathartics and enemas.
4. Explain that if the procedure/test involves sedation, the patient will have to bring a driver with them.

UC-TX TREATMENT

OUTCOME: The patient/family will understand the appropriate treatment for ulcerative colitis and have a plan to fully participate in the treatment regimen. The patient/family will further understand the risk/benefit ratio of the testing proposed as well as alternatives to testing and the risk of non-testing.

STANDARDS:

1. Explain the goals of treatment are to control the acute attacks, prevent recurrent attacks, and promote healing of the colon. Discuss the specific treatment plan, which may include the following:
 - a. Bed rest
 - b. IV fluid replacement to correct dehydration
 - c. Clear liquid diet, or in severe cases, parenteral hyperalimentation to rest the intestinal tract and restore nitrogen balance.
 - d. Treatment with medication to control inflammation and help reduce diarrhea, bleeding, and pain.
 - e. Colectomy.
2. Discuss the risk/benefit ratio and alternatives to treatment as well as the risk of non-treatment.